

START HERE - Please Type or Print (Instructions on back)

Part 1. Information about the person that filed the original application or petition. (Individuals should use the top name line; Organizations should use the second line)

Family Name	Given Name	Middle Initial
Company or Organization Name		
Address - Attn:		
Street Number and Name		Apt. #
City	State or Province	
Country	ZIP/Postal Code	
Date of Birth (Month/Day/Year)	Country of Birth	
Social Security #	IRS Tax #	A #

Part 2. Application Type (check one).

- a. ☐ I am applying for a duplicate approval notice
- b. ☐ I am requesting that a new U.S. Consulate or Port of Entry be notified of the previous approval of a petition. Please notify the U.S. Consulate or Port of Entry at: _____
- c. ☐ I am requesting that a U. S. Consulate be notified that my status has been adjusted to permanent resident. Please notify the U.S. Consulate at: _____

Part 3. Processing Information.

Type of Petition/ Application (Form #)	Filing Receipt #
Date of Filing (Month/Day/Year)	Date Approved (Month/Day/Year)

If Petition is filed for another person - give the following about the person you filed for:

Family Name	Given Name	Middle Initial
Date of Birth (Month/Day/Year)	Country of Birth	
A #		

Part 4. Signature

Read the information on penalties in the instructions before completing this section.

I certify under penalty of perjury under the laws of the United States of America that this application, and the evidence submitted with it, is all true and correct. I authorize the release of any information from my records which the Immigration and Naturalization Service needs to determine eligibility for the benefit I am seeking.

Signature	Date
Print Your Name	

FOR INS USE ONLY

Returned	Receipt
Resubmitted	
Reloc Sent	
Reloc Rec'd	
<input type="checkbox"/> Applicant Interviewed	
<input type="checkbox"/> Duplicate Notice Sent <input type="checkbox"/> American Consulate Notified at (Location): _____ <input type="checkbox"/> Application Denied	
Action Block	
To Be Completed by Attorney or Representative, if any <input type="checkbox"/> Fill in box if G-28 is attached to represent the applicant	
VOLAG #	
ATTY State License #	

Part 5. Signature of Person preparing form if other than above. (Sign Below)

I declare that I prepared this application at the request of the above person and it is based on information of which I have knowledge.

Signature

Print Your Name

Date

Firm Name
and address

Purpose Of This Form.

This form is used to request further action on a previously approved petition or application.

Who May File.

If you filed an application or petition which has been approved, use this form during the validity of the approved application or petition to:

- request a duplicate approval notice;
- request that another consulate be notified of the approval of the petition; or
- request that a U.S. Consulate be notified that your status has been adjusted to permanent resident, so your spouse and children can apply for immigrant visas.

You may want to enclose a copy of the original approval notice. It may speed processing.

General Filing Instructions.

Please answer all questions by typing or clearly printing in black ink. Indicate that an item is not applicable with "N/A". If an answer is "none," write "none". If you need extra space to answer any item, attach a sheet of paper with your name and your alien registration number (A#), if any, and indicate the number of the item to which the answer refers. Your application must be properly signed and filed with the correct fee. If you are under 14 years of age, your parent or guardian may sign the application.

Where To File.

File this application with the office which approved the original application or petition.

Fee.

The fee for this application is \$120.00. The fee must be submitted in the exact amount. It cannot be refunded. DO NOT MAIL CASH.

All checks and money orders must be drawn on a bank or other institution located in the United States and must be payable in United States currency. The check or money order should be made payable to the Immigration and Naturalization Service, except that:

- If you live in Guam, and are filing this application in Guam, make your check or money order payable to the "Treasurer, Guam."
- If you live in the Virgin Islands, and are filing this application in the Virgin Islands, make your check or money order payable to the "Commissioner of Finance of the Virgin Islands."

Checks are accepted subject to collection. An uncollected check will render the application and any document issued invalid. A charge of \$30.00 will be imposed if a check in payment of a fee is not honored by the bank on which it is drawn.

Processing Information.

Acceptance. Any application that is not signed or is not accompanied by the correct fee will be rejected with a notice that the application is deficient. You may correct the deficiency and resubmit the application. However, an application is not considered properly filed until accepted by the Service.

Initial processing. Once the application has been accepted, it will be checked for completeness. If you do not completely fill out the form, you will not establish a basis for eligibility, and we may deny your application.

Requests for more information or interview. We may request more information or evidence or we may request that you appear at an INS office for an interview. We may also request that you submit the originals of any copy. We will return these originals when they are no longer required.

Decision. You will be notified in writing of the decision on your application.

Penalties.

If you knowingly and willfully falsify or conceal a material fact or submit a false document with this request, we will deny the benefit you are filing for, and may deny any other immigration benefit. In addition, you will face severe penalties provided by law, and may be subject to criminal prosecution.

Privacy Act Notice.

We ask for the information on this form, and associated evidence, to determine if you have established eligibility for the immigration benefit you are filing for. Our legal right to ask for this information is in 8 USC 1103. We may provide this information to other government agencies. Failure to provide this information, and any requested evidence, may delay a final decision or result in denial of your request.

Paperwork Reduction Act Notice.

A person is not required to respond to an information collection unless it displays a currently valid OMB control number. We try to create forms and instructions that are accurate, can be easily understood, and which impose the least possible burden on you to provide us with information. Often this is difficult because some immigration laws are very complex. The estimated average time to complete and file this application is as follows: (1) 5 minutes to learn about the law and form; (2) 5 minutes to complete the form; and (3) 15 minutes to assemble and file the application; for a total estimated average of 25 minutes per application. If you have comments regarding the accuracy of this estimate, or suggestions for making this form simpler, you can write to the Immigration and Naturalization Service, 425 I Street, N.W., Room 5307, Washington, D.C. 20536; OMB No. 1115-0176. **DO NOT MAIL YOUR COMPLETED APPLICATION TO THIS ADDRESS.**